

**PAYROLL DEDUCTION AUTHORIZATION**

**For Signature LegalCare**

Name: \_\_\_\_\_  
                    Last                                    First                                    Initial

Social Security #: \_\_\_\_\_

Employee Payroll Account #: \_\_\_\_\_

In connection with my application for benefits through Signature Legal Care, I hereby authorize my Employer as my agent to deduct the cost to me for such contract as shown below, and as may be hereafter modified or adjusted, from my wages or salary.

**BIWEEKLY PREMIUM TO BE DEDUCTED:**

☐ Individual (\$2.68)

☐ Family (\$3.58)

☐ New Hire

☐ Open Enrollment

☐ Cancel

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Note:** Employees may only add or drop group legal coverage within 31 days of their initial hire date or during the annual open enrollment period.